

|   |                        |                       |
|---|------------------------|-----------------------|
| <b>REQUEST FOR WITHDRAWAL<br/>AS ATTORNEY OR AGENT<br/>AND CHANGE OF<br/>CORRESPONDENCE ADDRESS</b> | Application Number     | 7,292,171-Conf. #9793 |
|   | Patent Date            | November 6, 2007      |
|   | First Named Inventor   | M. Thierry Heeb       |
|   | Art Unit               | 2612                  |
|   | Examiner Name          | J. A. Tweel           |
|   | Attorney Docket Number | NY-GRYN 237-US        |

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;  
 the practitioners (with registration numbers) of record listed on the attached paper(s); or  
 the practitioners of record associated with Customer Number: 024972

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

|   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)                       | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv)        |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6) Please explain below: |   |

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

1.  I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2.  I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3.  I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

At the client's request the file for this application was provided to Mr. Im of Im IP Law PLLC. At that time, no action/response was due within 30 days. It has come to our attention that Mr. Im has not filed a new Power of Attorney and thus, despite the representation by Fulbright & Jaworski L.L.P. having been terminated by the applicant, Fulbright & Jaworski L.L.P. incorrectly remains listed as having the attorney of record.

#### Request for Withdrawal as Attorney or Agent

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: May 19, 2011

Signature:  (Scott Matthews)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A.  The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

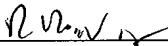
B.  Inventor or  
Assignee Name \_\_\_\_\_

Address \_\_\_\_\_

|      |       |     |         |
|------|-------|-----|---------|
| City | State | Zip | Country |
|------|-------|-----|---------|

|           |       |
|-----------|-------|
| Telephone | Email |
|-----------|-------|

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

|      |                |                  |        |
|------|----------------|------------------|--------|
| Name | R. Ross Viguet | Registration No. | 42,203 |
|------|----------------|------------------|--------|

Address Fulbright & Jaworski L.L.P.  
2200 Ross Avenue, Suite 2800

|      |        |       |    |     |            |         |    |
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|------|--------|-------|----|-----|------------|---------|----|

|      |              |               |                |
|------|--------------|---------------|----------------|
| Date | May 19, 2011 | Telephone No. | (214) 855-8185 |
|------|--------------|---------------|----------------|

**NOTE:** Withdrawal is effective when approved rather than when received.